Yes No	t child becaus induct.	sactions, or liabilities of a spouse or dependent child because with the Committee on Standards of Official Conduct.	l" income, tran irst consulted v	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee or
d not Yes No No	d trusts" need	s of Official Conduct and certain other "excepte spouse, or dependent child?	e on Standards	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
E QUESTIONS	OF THES	MATION — ANSWER EACH OF THESE QUESTIONS	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
stion in this part must be answered and the schedule attached for each "Yes" response.	must be a	Each question in this part appropriate schedule attach	No	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.
Yes No No	arrangement	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	S _e	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
date Yes No	ar befare the	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	N _o	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.
Yes No	ld receive any in the reportin	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	S _S	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.
° Yes	d receive any gregating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	S S	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes Kif yes, complete and attach Schedule I.
		SE QUESTIONS	OF THES	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 penalty s against anyone than 30 days late	e Termination Date:	Officer or Employee	Status Member of the U.S. State: CA House of Representatives District: 34 Report Type Annual (May 17, 2010) Amendment
HAND HAND DELIVERED (Office Use Only)	וםאאן	Daytime Telephone:	Daytime 1	Name: LUCICLE ROYBAL - ALLARD
LEGISLATIVE RESOURDERBORNEOR 9	2018.	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

Name
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SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and bene	benefits received under the Social Security Act.	curity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
_ :	Legislative Pension	\$9,000
Examples Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
ROYBAL FOUNDATION	SPOUSE SALARY	N/A

Name
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ROYBAL -
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SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package.

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Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2009	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2009	\$500
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25	\$	45	ds	₹	भ	JT	DC,	SP.		D 3 € D 5 0 0 0 0 0 0
unifed way credit union	WELLS FARGO BANKING (CMECKING)	NATUY FEDERAL CREDIT UNION (SAVINGS)	NAVY FEDERAL CRED LIMBN (SEP) KX	 	CREDIT UNION	1st Bank of Paducah, KY Accounts	Examples:	SP Mega Corp. Stock	each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; and any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on
×	×	×	*	×	×	×		×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$25,000,001 - \$5,000,000 \$0 \$25,000,001 - \$5,000,000 \$0 \$25,000,001 - \$50,000,000	BLOCK B Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
×	×	×	2 A	Z A	×	×		×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Type of Income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
×	*	×	2 >	2 2	*	×	×	×	None - \$1 - \$200 = \$201 - \$1,000 ≡ \$1,001 - \$2,500 ⋜ \$2,501 - \$5,000 <	Amount of Income Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.
								S (partial)	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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SP SP ş ¥ 2 8 ę, UNITED WAY LA RETREMENT FUNDER UNITED WAY RETIREMENT FUND * * MUTUAL OF AMERICA- ROYBAL FOUNDATION RETIREMENT FUND AS ** NOT SELF DIRECTED PRUDENTAL (HILL RETIREMENT) PENTAGON PEOPRAL CREAT UNIX Asset and/or income Source CATON WANCE LARGE CANTER
OFFENHELMER SLOBADIES FUND FUNDS BLOCK A None w 1 - 1,000× × × O \$1,001 - \$15,000 × O ス \$15,001 - \$50,000 Value of Asset Ш × \$50,001 - \$100,000 Year-End BLOCK B T \$100,001 - \$250,000 0 \$250,001 - \$500,000 I -\$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 <u>ر</u> \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 Γ--Over \$50,000,000 NONE DIVIDENDS Z = ¥ 2 2 RENT Ą 4 ð × ₽ INTEREST of Income BLOCK C Type CAPITAL GAINS **EXCEPTED/BLIND TRUST** CA Legis 14 欠のたけのる Name KUCILLE Other Type of Income (Specify) None \$1 -- \$200 Amount of Income × \$201 - \$1,000 ROYBAL - ALL MAD \$1,001 - \$2,500 2 ≥ Z BLOCK D \$2,501 - \$5,000 > * \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 Page 5 Transaction BLOCK E u o` o of 9

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SCHEDULE IV - TRANSACTIONS

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																SP	SP, DC, JT	cate (<i>i.e.</i> Capital Cof \$200, coll.	resulted in action. Experience of the action action. Experience of the action of the a	Report and or dependent
																Example: Mega Coporation Common Stock (partial sale)	Asset	cate (<i>i.e.</i> , "partial sale"). See example below. Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.	resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold please so indicates rental income.	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that
											i							PURCHA	SE	Type of Transaction
							i									×		SALE		Type ansac
																		EXCHAN	GE	ction
			-															Check Box Gain Excee	if Capital eded \$200	
																10-12-09		Monthly, or Bi-weekly, if applicable	(MO/DAY/YR) or Ouadarly	Date
															اب.			\$1,001- \$15,000	œ	
																×		\$15,001- \$50,000	c	
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SCHEDULE V- LIABILITIES

Name LUCILLE ROYSM - ALLARD

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit

SP		SP, DC, JT
AMBRICAN ExARESS (BENTAL EXA)	Example: First Bank of Wilmington, Delaware	Creditor
	Mortgage on 123 Main St., Dover, Del.	Type of Liability
×		\$10,001- \$15,000
		\$15,001- \$50,000
		\$50,001- \$100,000
	×	\$100,001- \$250,000 m
	_	\$250,001- \$500,000 TI
		\$250,000 m \$250,001 m \$500,000 m \$500,000 m
	ļ	\$5,000,000
		\$5,000,001- \$25,000,000 - \$25,000,001-
		\$50,000,000 C Over
		\$50,000,000 🛪

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

	 		_	
		Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
		Silver Platter (determination on personal friendship received from Committee on Standards)	Description	
		\$345	Value	

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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

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1	vamalac:	- Lyanipies.								
Source	Chicago Chamber of Commerce	Roycroft Corporation						i		
Date(s)	Mar. 2	Aug. 6–11								
City of Departure - Destination -	DC—Chicago—DC	DC—Los Angeles—Cleveland								
Lodging?	z	~								_
Food?	z	Y								
Was a Family Member included?	Z	Υ								
Number of days not at sponsor's expense	None	2 Days								

SCHEDULE VIII—POSITIONS

Name LUCILLE ROYSA - ALARD

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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

zations); and positions solely of an honorary nature Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

Position	Name of Organization
PRESIDENT & CEO	ROYBAL FOUNDATION

SCHEDULE IX—AGREEMENTS

government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; continuing participation in an employee welfare or benefit plan maintained by a former employer; or publication of a book. Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of

_	 	 		
				Date
			NA	Parties To
				Terms of Agreement

Lucille Roybal-Allard Page

Congresswoman Lucille Roybal-Allard BOARDS AND ADVISORY COUNCILS 2009

- -Angelus Plaza Activity Center Advisory Council
- -Art Share Los Angeles Advisory Board
- -Belmont Community Adult School Advisory Council
- -Center for Asian Americans United for Self Empowerment (CAUSE) Honorary Advisory Council
- -Congressional Hispanic Caucus Institute Board Member
- -Huntington Park-Bell-Gage Community Adult School Advisory Council
- -Korean American Coalition Honorary Board Member
- -Latino Children's Fund Honorary Board Member
- -L.A. County /USC Medical Center Advisory Council
- -LINC TELACU Education Foundation National Advisory Board
- -NALEO Educational Fund Board of Directors
- -Neighborhood Music Settlement Advisory Council
- -Para Los Niños Advisory Board
- -Rio Hondo Boy & Girls Club Advisory Council
- -Roosevelt Community Adult School Advisory Council
- -The National Center on Addiction and Substance Abuse at Columbia University